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CONFIRMATION NO. 6658

<b>SERIAL NUMBER</b> 10/529,345	<b>FILING OR 371(c) DATE</b> 11/16/2005 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> B659008.1
<b>APPLICANTS</b> Robert J. Chapolini, Phoenix, MD; Russell D. Geise, Allentown, PA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/29983 09/25/2003 which claims benefit of 60/413,458 09/26/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 11
		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> William J Dundren 734 LaRue Road Millersville ,MD 21108				
<b>TITLE</b> Orthopedic medical device with unitary components				
<b>FILING FEE RECEIVED</b> 465	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	